Approved

March 14, 2013

Meeting Minutes

State Consumer & Family Advisory Committee

Members Present: Sue Guy – (Chair) , Marc Jacques – (Vice Chair), Christine Tolbert, Kelly Carson, Anna Cunningham, Doug Wright, Mark Long, J. Roy Moritz, Marie Britt, LaVern Oxendine, Gladys Christian, Paul Russ, Sam Hargrove, & Dennis Parnell

Members Absent: Kurtis Taylor (Excused), Pam Chevalier **(**Excused)**,** Nancy Carey (Excused), & Carol Messina (Excused)

David Bullins – Passed away on March 7, 2013

Members Resigned: Cassandra Williams Herbert, Kelly Stuart Woodall

Staff Present: Eric Fox, Stacey Harward, Wes Rider, Roanna Newton, Suzanne Thompson, & Stuart Berde

Guest Speakers: Jim Jarrard & Jessica Keith

Call to Order: Meeting was called to order by Sue Guy – Chair at 9:05AM.

- Sue commented on the passing of one of the SCFAC Members: David Bullins
- Sue discussed the reasons why 2 members resigned their seats on the Board - one due to health the other has become employed and would not be able to meet the obligations of the committee.
- Sue discussed attendance and stressed the importance of the members being at the meetings. SCFAC meetings occur 6 times during the year and attendance/participation during the meeting is very important to the stability of the SCFAC role in being an influential committee on policy and network facilitators. The committee needs participants who can attend all meetings so that the Committee is able to meet its obligations to the consumers. Christine Tolbert asked about possibly having proxy members attend if the SCFAC member had to miss a meeting. This idea was not accepted due to the proxy would be a non-voting member and would not be who was chosen for the SCFAC committee. It was determined that the committee will do outreach to absent members.
- By-Laws were reviewed proposed that after 2 absences Sue Guy will reach out to the member to see if they are going to be able to continue, after 3 absences the committee will make a recommendation to either allow another absence or have the Chair make the recommendation to the appointing authority that a new appointment is needed. Discussion participants: Marc, Sue, Anna, Roy, Marie, Gladys, & Mark L.
- **Motion** Marc Jacques made the motion to change the by-laws to reflect the above discussion Anna Cunningham second the motion. Motion was passed by all.
- Reporting to ELT: Sue Guy June 2013.

APPROVAL OF MINUTES WITH CHANGES:

- Roy Moritz requested a correction on his name.

Motion: – Paul Russ made a motion to except minutes with correction, LaVern Oxendine second the motion. The minutes with suggested changes were unanimously accepted.

Committee Reports:

- Emery Cowan – Best Practices Team submitted a report on NC Plan for Implementing the USDOJ Settlement Agreement: Community Mental Health Services Update 2-18-2013 **Attachment 1**
- Ken Edminster – Housing Administrator – Phase III of the Housing issue concerning IMD's **Attachment 2**
- Sue Guy – **Olmstead Planning Committee and the Long Term Supports Continuum Workshop**: met jointly in response to an RFI (Request For Information) that stemmed from the report from the Blue Ribbon Commission on Transitions to Community Living. The group agreed to a commitment to Person Centered Principles that support greater integration into the community and provide some type measurement of outcomes. There was some concern that ideas have been collected before but somehow "died on the vine". The difference in this effort is the time frame in which the ideas will be collected, considered, and, hopefully, the best practices will become protocol. Ideas are to be submitted by March 15th.
- This meeting was followed closely by a meeting with Carol Steckel, Director of DMA, and the EAT (External Advisory Committee) in which that same sense of urgency was communicated. Ms. Steckel stated she did not want ideas to be hung up in presentation. She would take ideas written on a napkin with details flushed out later.
- Creativity comes from those at the table who have had to draft ways to provide non-funded supports. Non-traditional models that are most effective often are less costly. The need for a migratory concept that allows the population to move to less restrictive supports was discussed along with the idea that recovery measurements are different for different populations. For some recovery is getting better, for some recovery is not getting worse, and for some recovery requires additional supports as that population ages. These were very exciting meetings in which it was clear there is a sense of urgency about drafting processes and all ideas are welcome.

- **External Advisory Committee**: Will get suggestions into place by October, the Division is going to submit a collective response for the RFI, Stuart discussed the importance of the RFI and the role of personal responsibility as well as the principles of the recovery model as outlined by SAMSHA. The goal is include these principles into policy and practice. Stuart suggested that the SCFAC collaborate with Jessica Keith to open communication between the Secretary and the CFAC. Discussed the differences across disciplines of progression and recovery and not everything can be measured the same.

Public Comments:

- Bev Stone (Co-chair of Coastal Care CFAC): Discussed geographic representation on the CFAC. CFAC representation on each LME/MCO Board is needed as well as representation on the SCFAC. Concerned that the Co-chair is allowed at the Board meeting, but not allowed to vote, or speak at the meetings. They were told by the CEO that there is no space on the board for a member. Wes indicated that the current Coastal Care Board is in effect until June 30th and at that point, the composition is subject to change.

Break

- Stuart Berde reported on the Recovery Summit to be held on March 27th to initiate the implementation on Recovery Principles in North Carolina. Marc and Sue will be attending. The Summit will be a one day event which will include strategic planning workgroups and the development of a mission statement and plan for action.

Division Update: Jim Jarrard

- Lots of changes with the new administration. New Governor, new Secretary, new Administration.
- 75-80% of the legislature is newly elected in the last two years.
- The Secretary has been invited to the SCFAC meetings, she has not accepted as of yet, but she has requested the background of the CFAC. She is educating herself on the role of the CFAC and it's participants.
- The Recovery Summit will be a launching mechanism for things to come. North Carolina is "coming of age" or the "fullness of time".
- Certification of peer support specialists: need for more. ACT team definitions have been developed and go live July.
- Jessica Keith will be presenting today, Jessica has a rich background in MH from PA.
- Peer run services are being targeted and the CFAC is challenged to think on peer run service suggestions. Marc and Jim have explored the idea of a peer respite service. Anna: Need I/DD clinicians for implementation of recovery in the I/DD population.
- Supported employment model is being expanded and implemented across the state. Emery Cowan is spear heading this endeavor. This model will enable peer run businesses to flourish. Roy questioned the peer role on ACT teams: Jim reinforced that peer support specialists are a given on the team. Mark Long spoke about his experience as a peer support specialist on the ACT team and the challenges of working with consumers that have the right to refuse treatment or make choices that are not the designated choice of the professional. Sam Hargrove: indicated that he is working with John Harris on a pilot project with veteran peer supports to work with consumers. They hope to design a training curriculum to train the veteran peer support specialists. On the topic of peer support specialist training: Gladys Christian indicated that the training needs a renewal/refresher course as well as training for the staff and how to handle the peer support specialist. Marc: any further training that you receive, makes you more marketable. Marc also supports specialized add-ons for the peer support training, ie: wellness, housing, veteran. Anna: cultural awareness needs to be implemented in the training component as well as the establishment of a network of peer support specialists across specialized areas. Wes indicated that the Recovery Conference discussed this last year, and that the Div. UNC developed new advisory training, which is free to supervisors of peer support specialists.
- Christine attended the CIT [Crisis Intervention Team] conference and how CIT has expanded and it has helped across the state. CIT is being utilized in the Eastpointe area. The group generated a discussion on asset development in the community. Anna brought up: Assets being jobs, savings, etc. Anna raised the concern of the government implementing regulations and blockades to these peer run, or community based services that will stunt the further growth. Roy referenced the drop in center developed by Rosemary Weaver in Western Highlands. This center has decreased crisis contacts in the area.
- Roy questioned the PASRR [Pre-Admissions Screening and Resident Review]: turnaround time on the assessment. Jessica Keith responded with the challenging question of what is the goal of the PASSR: to move them to an adult care facility, or should we be looking at alternative options? Jessica mentioned the revision of the second level assessment: they will add an Attestation from the Physician that the consumer was referred to the LME/MCO, attempts were made, and the person chose the ACF. (Which is an option under DOJ).

- Mark Long asked about the Informed Consent piece of treatment with regard to treatment and housing. Jim responded that the **In Reach** process can explore the options and the consumer becomes more informed.

Jessica Keith (Special Advisor to the ADA)

- History of DOJ settlement. See **attachment's 3-4**
- DOJ settlement went into temp rule March 1, 2013
- January: 212 individuals screened
- February: 359 screened
- Jessica's approach is that any individual with Mental Illness can be included in the assessment process. Mark Long requested that he be allowed to request a copy of a PASSR assessment because there are concerns that the assessment is not being performed completely and accurately. Jessica indicated this tool is a nationally developed tool originally for people who were nursing home eligible. In NC Rule, we could not describe a PASRR assessor as a licensed professional, but state it as a qualified MHP.
- PCS services: there were individuals who were denied PCS services that had received them in the past. The DMA website has the PCS assessment tool: Jessica can send this out to the committee. Jessica stressed Tenancy Supports as part of the plan. The Tenancy Support person will help someone develop a budget, assist with situations that you would contact a landlord, etc. Anna inquired about the CFAC involvement to further the cause: Jessica suggested CFAC participation on workgroups, such as PCS workgroup.

- Will request Jessica and Mary Lou Sutter (reviewer-point person from Boston) to return to speak to the committee. (May 9th) The committee will request Jessica to return regularly or send a report to each meeting.

Break ~ Lunch 12:15

Work groups 1:15

Gladys presented for the SCFAC-Local CFAC: Prior to the bi-monthly call, committee members will discuss the agenda items and update on:

- LME/MCO Boards
- Marie: DOJ-pull out bullet points
- Gladys will talk about Peer Supports

Updates will be emailed to Sue prior to the call.

Data-Com Task Team

Anna presented for the workgroup. Test case for different possible solutions - Anna will email instructions to the test users. Findings will be shared with the group in May.

Budget and Planning Team

The team reviewed Strategic Budget plans of the Healing Place, the committee would like to meet with Bill Scott prior to the May meeting, (Wednesday prior to May meeting if possible) and will request Bill to meet with SCFAC in a formal presentation.

Anna will also take any suggestions/concerns to ELT if they forward them to her.

Recovery and Self-Determination

Marc presented for the work group. Recovery summary was presented to Jim and ELT, and it is now scheduled. After the summit, grass works work group will be established. CIT program in Watauga

County - - Eric will get a contact person for the CIT contacts from Watauga County. Peer services were discussed: what new services, what kind of challenges will be faced. Bring in John Owen and Bob Hedrick, Jessica Herrmann and System of Care. Need infrastructure to support grass roots efforts and programs: CIT, CAT. Want to begin inclusion on some of the workgroups as soon as Jessica gets the list out to the CFAC. Discussed WRAP facilitator training - - -Eric mentioned that the NC Mental Health Consumers Organization offers WRAP training and will be contacting local CFACs.

Suggestions for guest speakers: Mary Lou Sutter (DOJ reviewer), Jim Jarrard, Bill Scott, Jessica Keith, Shelia Davies-tele psychiatry, Jessica Herrmann with the Governor's Institute On Substance Abuse, Bill Bronson-prescription drug abuse, Walt Caison from Best Practices.

The committee would still like to send a letter to the Secretary. Sue Guy will research the letter, there is one with input from the committee members, Sue will follow up on this.

Meeting adjourned: 2:50

Attachment 1:

NC PLAN FOR IMPLEMENTING THE USDOJ SETTLEMENT AGREEMENT

Community Mental Health Services Update

February 18, 2013

Provided By Emery Cowan, Best Practices Team

The USDOJ Settlement Agreement was signed August 23, 2012: "North Carolina has agreed to develop and implement effective measures to prevent inappropriate institutionalization and to provide adequate and appropriate public services and supports identified through person centered planning in the most integrated setting appropriate to meet the needs of individuals with SMI, who are in or at risk of living in congregate settings and offer alternative choices."

The State is required to help people live successfully in the community by:

1. Developing housing and transition protocols that include new "Transition Coordinators" and "InReach" staff providing engagement and linkage.
2. **Developing and/or enhancing community-based wrap-around supports and services for all eligible individuals; these include:**
    - **Assertive Community Treatment – ACT**
    - **Supported Employment**
    - **Tenancy Supports**
    - **Peer Supports**

The DHHS *Transitions to Community Living* Committee oversees the implementation of the DOJ Settlement Agreement. The Community Mental Health Services section of the agreement is led by the DMHDDSAS Best Practices team who has established various "services" workgroups to receive stakeholder input and ensure evidence-based practice models per DOJ. Per the settlement, the State is required to help people live successfully in the community by developing and/or enhancing community-based wrap-around supports and services for all eligible individuals; these include:

- **Assertive Community Treatment – ACT:** DMA/DMHDDSAS finished drafting the new service definition that adheres to the new fidelity scale: Tool for Measurement of ACT (TMACT); public comments have been reviewed and DMA is coordinating implementation dates. DHHS will begin implementing a screening tool this fiscal year to determine ACT fidelity by June 30th, 2013. This tool will include phone interviews and on-site visits with all current teams. Following these reviews the state will begin to process of complete full TMACT reviews beginning July 1st. There is a new ACT Technical Assistance Center being developed to guide TMACT evaluations and training for providers
    - ✓ Goal #1: by July 1, 2013, all ACT teams in the State will operate in accordance with a nationally recognized fidelity model and the State will increase the number of individuals served by ACT teams to 33 teams serving 3,225 individuals at any one time.

- **Supported Employment – SE:** DMHDDSAS finalized the new service definition that adheres to the SAMHSA evidence-based model of Supported Employment and is ensuring access for these supports to serve 100 individuals with MH/SA by July 1, 2013. Service definition rates and codes are being finalized with IPRS. This service will later be offered through Medicaid B3. A Supported Employment Technical Assistance/Training center is being developed to provide education to all stakeholder groups on the new service definition, Employment First principles, to guide staff

workforce development, and to build capacity for new Peer Employment Mentors through recruitment and peer training. Also, 4 staff were trained in the Dartmouth IPS model of SE to develop pilot sites of this specific model in the coming year.

- ✓ Goal #1: by July 1, 2013, the State will provide Supported Employment Services to a total of 100 individuals.

- **Tenancy Supports:** Quadel, the new Housing subsidy administrator for the NC Supportive Housing Program will manage Tenancy support staff and services. This is not a "service definition" provided by the MCOs. The workgroup provided Quadel with the definition of a Tenancy Support Specialist and is now working to develop training for these staff. Trainings will also be discussed with HUD/CMS around best practice models such as Housing First.
  - ✓ Goal #1: By July 1, 2013 the State will provide Housing Slots to at least 100 and up to 300 individuals. Every person linked to a housing slot will receive Tenancy supports.

- **Peer Support Services:** DMA/DMHDDSAS is in the process of updating the Medicaid B3 service definition for Peer Support for statewide expansion and consistency in practice across MCOs. This workgroup will also assess new trainings required for specialized peer roles throughout the DOJ settlement implementation sections (i.e., peer staff providing tenancy support, employment mentoring, engagement and InReach, etc). Additionally the workgroup is also looking to enhance certified Peer Support staff capacity with the NCCPSS certification process through the UNC Behavioral Health Resource Program.

Attachment 2:

Ken Edminster – Best Practice Team

IMD - PHASE III starts this month. It will focus on shared ownership of the 5600s (GHs). DMA is reaching out to CMS a third time to request that these facilities are removed from the review process. But if CMS continues to refuse to alter the process, these sites must be reviewed by 6/30/13.

It is estimated that 69 facilities will have to be reviewed. This number could drop following the DMA phone interviews with operators. If DMA cannot find a direct operating connection, they will recommend they are excused from further review.

Unlike an ACH that could adjust bed numbers to avoid IMD determinations, GHs will be forced to change their business model (close some facilities, change license holder, etc) or they will lose Medicaid funding.

PCS - All appeals have been received. To date 8500 + have been processed. Those are eligible for Maintenance of Service. If the appeal is denied or MOS stops, FCH can apply for Community Transition funds (39 million). Recent House Bill 5 was approved by the House and Senate that would allow GHs to have access to the same funds. The Governor signed the bill into law. These funds would assist individuals in these facilities until 6/30/13. No word yet on the GA's thoughts on plans post June for PCS individuals.

DOJ - All training for MCOs has been completed. In Reach and Transitions have begun. The first 4 were out of Coastal Care area responding to the Port South closing. Quadel has been signed as the Subsidy Administrator. They will manage housing vouchers, site inspections, program marketing, and Tenancy Support services.

Attachment 3:

Transitions to Community Living: Agreement Update

Background:

On July 26, 2010, Disability Rights North Carolina (DRNC) filed a complaint

with the United States Department of Justice against the State of North Carolina on behalf of people with mental illness living in Adult Care Homes.

In 2010, the United States Department of Justice (Civil Rights Division, Disability Rights Section) began an investigation into the provision of services to individuals with mental illness in North Carolina. On July 28, 2011, DOJ issued a letter of findings detailing violations of the ADA's integration mandate under the Supreme Court precedent, Olmstead v. L.C. DOJ found that North Carolina unnecessarily placed individuals with mental illness in "adult care homes" rather than in community-based settings, and that the state's policies cause individuals with mental illness who receive some services outside of institutions to face a risk of unnecessary institutionalization.

The State of North Carolina entered into a settlement agreement with the United States Department of Justice (USDOJ) on August 23, 2012. The purpose of this agreement is to assure that persons with mental illness are allowed to reside in their communities in the least restrictive settings of their choice. The agreement is the end product of over a year of negotiations between the State and the USDOJ.

Primary components to the Transition to Community Living Initiative:

- In Reach and Transition
- Diversion
- Housing
- Supported Employment
- Assertive Community Treatment
- Quality Management

Milestones completed

- In-Reach training materials developed
    - 4 trainings with MCOs and Hospitals
    - PASRR trainings
- In-Reach in Adult Care Homes began in February 2013 - Settlement requires in reach to begin by February 18th.
    - Letter sent out from Department to ACH Providers about In reach
    - In February alone over 36 homes and 166 individuals received in reach
- Diversion
    - Independent Screening through PASRR and Diversion planning by the MCO/LMEs began January 1, 2013
    - Hearing on Temp Rule: Rule Passed 2/6/13 in effect March 1st for independent screening process
    - 212 screens occurred in January and 359 in February.
- Communications
    - Website http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/milestones.htm
    - Questions can be directed at: Community@dhhs.nc.gov

Next Requirements to Meet

Community Services

ACT

- Service Definition in public commenting period
- Developing short term and long term strategies for reviewing fidelity
- Trainings on ACT fidelity March 7th and 8th. Fidelity reviews will occur in March and April.
- By July 1, 2013, all ACT teams in the State will operate in accordance with a nationally recognized fidelity model and the State will increase the number of individuals served by ACT teams to 33 teams serving 3,225 individuals at any one time. By July 1, 2019 50 teams serving 5,000 individuals at any one time.

Supportive Employment

Supported employment will not go through as a Medicaid service for this year- the idea is that it may be state-funded only for the first year because of the potential conflicts with the Innovations Waiver SE service definition.

By July 1, 2013, the State will provide Supported Employment Services to a total of 100 individuals; and by July 1, 2019, the State will provide Supported Employment Services to a total of 2,500 individuals.

Housing

DHHS is worked with Quadel and NC Housing search to design a statewide TBRA program.

- Housing Subsidy Administrator contracts completed- Quadel will be responsible as subsidy administrator and tenancy supports provider, housing funds available March 1st
  - 4 individuals in housing
  - 5 additional housing slots approved

- By July 1, 2013 the State will provide Housing Slots to at least 100 and up to 300 individuals. By July 1, 2020 the State will provide Housing Slots to at least 3,000 individuals.

Quality Management and Data

The Technical Committee developed a phased in approach for data gathering. This includes manual tracking. The MCOs will report using this manual tracking system on a monthly basis starting April 5th.

By July 1st of each year DHHS will post on the DHHS website listed above, an annual report identifying the number of people served in each type of setting and service described in this Agreement.

Attachment 4:

Background

Olmstead Supreme Court landmark decision came in 1999: Title II of the ADA (passed in 1990) prohibits the unjustified segregation of individuals with disabilities. In July 2010 - Disability Rights Network made complaint regarding North Carolina's use of Adult Care Homes for individuals with Serious mental illness.

US DOJ findings letter July 2011 - The State's prioritization of investment in institutional settings at the expense of community-based settings. Many individuals with mental illnesses continue to live in long term care settings because there are not yet more appropriate alternatives available to them in their communities. On August 23, 2012 Acting DHHS Secretary Al Delia signed an agreement with the US DOJ to settle claims that the state of North Carolina had violated the American with Disabilities Act with respect to individuals currently residing in Adult Care Homes and state psychiatric facilities who were considered to have severe and persistent or serious mental illnesses.

In July just prior to the signed agreement North Carolina Department of Health and Human Services ("DHHS") created a transition team steering committee at the State level. The Transition team meets twice a month and has the mission to implement the settlement agreement. Initiative is called Transitions to Community Living Initiative. The structure includes working groups on In reach and Transition, Diversion, Housing, Services, Quality Management

In-reach and transition/discharge planning

Requirement - within 90 Days of the signed Agreement – the state will work with LME/MCOs to develop requirements and materials for In-Reach and Transitions coordinators and teams. - Training Documents and Materials for In Reach and Transitions were drafted by mid November for a series of trainings on how to provide In Reach and the Transitions procedure. Trainings for In Reach and Transition: As of February 26th all LME/MCOs and state hospitals have been trained. Twice a month conference calls with all in reach and transition workers- this is for both training and technical assistance.

Within 180 days after the Agreement is signed, LME/MCO will begin to conduct ongoing in-reach to residents in adult care homes and State psychiatric hospitals. In reach has already began - by February 27th over 36 Adult Care Homes have been contacted and LME/MCO staff have started educating individuals in adult care homes about other living options. Coastal Care has 12 individuals who have already identified through in reach that they would like to move to independent living. To date we have 3 individuals in a DOJ housing Slot and 2 more approved to move.

Diversion-

Beginning January 1, 2013 any individual being considered for admission to an adult care home must be screened by an independent screener to determine whether the individual has SMI/SPMI. PASRR screening began December 31st. PASRR completions to date: 212 screens level 1 screens in January and 359 screens as of February. Temporary rule took effect 3/1/2013.

US DOJ SETTLEMENT BUDGET

	SFY 12-13 Partial Year	SFY 13-14	SFY 14-15	SFY 15-16	SFY 16-17	SFY 17-18	SFY 18-19	SFY 19-20
US DOJ Settlement Requirements:								
Number of Community Based Housing Slots -	**300**	**400**	**708**	**1,166**	**1,624**	**2,082**	**2,541**	**3,000**
Number of Supported Employment Slots -	**100**	**250**	**708**	**1,166**	**1,624**	**2,085**	**2,500**	**2,500**
Number of individuals served by ACTT Teams	**3,225**	**3,467**	**3,727**	**4,006**	**4,307**	**4,630**	**5,000**	**5,000**
COST SUMMARY:								
Community Based Housing Development and Support	2,860,000	4,830,280	7,314,557	10,880,790	14,438,105	18,037,117	21,686,474	25,378,374
Community Based Services/Supports	2,359,270	5,274,545	8,902,601	13,416,374	18,031,049	22,667,662	27,164,452	29,951,500
MCO In-Reach/Transition Coordination	1,010,938	2,487,500	2,487,500	2,487,500	2,487,500	2,487,500	2,487,500	2,487,500
Consumer Screening	183,750	345,000	345,000	345,000	345,000	345,000	345,000	345,000
DHHS Oversight and Quality Management	434,070	946,950	395,000	395,000	395,000	395,000	395,000	395,000
Independent Reviewer	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Total	**7,098,027**	**14,134,275**	**19,694,658**	**27,774,663**	**35,946,654**	**44,182,279**	**52,328,426**	**58,807,374**